

117TH CONGRESS
1ST SESSION

H. R. 2216

To provide women with increased access to preventive and life-saving cancer screening.

IN THE HOUSE OF REPRESENTATIVES

MARCH 26, 2021

Mr. GOMEZ (for himself, Ms. BARRAGÁN, Mr. BLUMENAUER, Ms. BROWNLEY, Ms. CLARKE of New York, Mr. COHEN, Mr. DANNY K. DAVIS of Illinois, Mrs. FLETCHER, Mr. GRIJALVA, Mr. HASTINGS, Mrs. HAYES, Mr. HIGGINS of New York, Ms. NORTON, Ms. JACKSON LEE, Mr. JOHNSON of Georgia, Mr. LAWSON of Florida, Mrs. CAROLYN B. MALONEY of New York, Ms. MCCOLLUM, Mr. NADLER, Ms. PRESSLEY, Miss RICE of New York, Ms. SCANLON, Mr. SOTO, Ms. VELÁZQUEZ, Mrs. WATSON COLEMAN, Mr. WELCH, Ms. SÁNCHEZ, and Ms. WASSERMAN SCHULTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide women with increased access to preventive and life-saving cancer screening.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Jeanette Acosta Invest
5 in Women’s Health Act of 2021”.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to provide women with
3 increased access to preventive and life-saving cancer
4 screening, including clinical breast exams and cervical,
5 ovarian, uterine, vaginal, and vulvar cancer screening, pro-
6 vided by leading women’s health care providers who—

7 (1) serve populations most at risk; and

8 (2) play an outsized role in the prevention and
9 detection of cancer in order to serve the goal of in-
10 creasing access to quality health screenings, care,
11 and services, reducing health care disparities and
12 mortality rates among low-income women and
13 women of color, decreasing health care spending,
14 and expanding health literacy, access, and education
15 about the benefits of regular preventive cancer
16 screening for women.

17 **SEC. 3. FINDINGS.**

18 Congress finds as follows:

19 (1) Breast cancer is the leading cause of cancer
20 death in women under the age of 54, and the Amer-
21 ican Cancer Society recommends that women in
22 their 20s and 30s have a clinical breast exam at
23 least every 3 years.

24 (2) Ovarian cancer causes more deaths than
25 any other cancer of the female reproductive system,

1 but it accounts for only about 3 percent of all can-
2 cers in women.

3 (3) The cancers that most frequently impact
4 women include breast, uterine, ovarian, and cervical
5 cancer, and there were 341,171 new cases of these
6 cancers in 2017.

7 (4) Rates of incidence and death for gynecologic
8 cancers by race and ethnicity show that, while for
9 some cancers, like ovarian cancer, the rates of inci-
10 dence and death are similar among all races, for
11 other cancers, like cervical cancer, women of color
12 have disproportionate incidence and mortality rates.
13 While the incidence of uterine cancer is similar for
14 White women and Women of Color, rates of death
15 for uterine cancer are 2 times higher for Black
16 women than for White women.

17 (5) Cervical cancer incidence and mortality
18 rates are higher for women living in rural and un-
19 derserved regions in the United States. Women liv-
20 ing in these areas face unique barriers in accessing
21 reproductive health care services to prevent and
22 treat cervical cancer, including a lack of practicing
23 gynecologists in rural areas and challenges around
24 transportation to preventive and follow-up appoint-
25 ments.

1 (6) Prevention and cancer screening are the
2 best approaches to protecting women from cancer
3 and ensuring early detection and life-saving treat-
4 ment. Many deaths from breast and cervical cancers
5 could be avoided if cancer screening rates and diag-
6 nostic care and services increased among women at
7 risk. Deaths from these cancers occur disproportion-
8 ately among women who are uninsured or under-
9 insured.

10 (7) Due to enhanced screening, cervical cancer,
11 which used to be the leading cause of cancer death
12 for women in the United States, is now a much more
13 preventable and treatable cancer. It is also highly
14 curable when found and treated early.

15 (8) Increased access to education, information,
16 including information on the human papillomavirus
17 vaccine, and preventive cancer screening increase
18 women's ability to survive cancer.

19 (9) While more than 15 percent of cases of cer-
20 vical cancer are found in women over the age of 65,
21 it becomes less likely that women are tested for cer-
22 vical cancer ever or within the previous 5 years as
23 their age increases.

24 (10) Women's health care providers that are
25 primarily engaged in family planning services, such

1 as Planned Parenthood health centers, provide nec-
2 essary screening tests, education, and information to
3 women, especially women of color who face the high-
4 est risks of breast cancer and other gynecologic can-
5 cers.

6 (11) Access to preventive gynecological screen-
7 ing is also critical for transgender men who have
8 comparable rates of susceptibility to cervical cancer
9 as cisgender women, but often have less access to
10 preventive screenings.

11 (12) Discrimination and racism in health care
12 continues to contribute to disparate rates of gyneco-
13 logical cancer in non-White women. Black, Indige-
14 nous, and other Women of Color die at higher rates
15 from cervical cancer than White women, even though
16 fewer women overall die from cervical cancer.

17 (13) Black women with endometrial cancer
18 often receive surgery less often than White women
19 and are more likely to be diagnosed at an advanced
20 stage of the disease, contributing to disparities in
21 mortality in Black women.

1 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
2 **FOR WOMEN.**

3 (a) IN GENERAL.—Part B of title III of the Public
4 Health Service Act (42 U.S.C. 243 et seq.) is amended
5 by inserting after section 317P the following:

6 **“SEC. 317P-1. GRANTS FOR WOMEN’S HEALTH CARE PRO-**
7 **VIDERS.**

8 “(a) IN GENERAL.—The Secretary is authorized to
9 make grants and to enter into contracts with public or
10 nonprofit private entities to expand preventive health serv-
11 ices, as provided for in the Preventive Services Guidelines
12 of the Health Resources and Service Administration that
13 were in effect on October 30, 2017, with an emphasis on
14 increasing access to critical, life-saving cancer screening,
15 Pap tests, human papillomavirus vaccination, and diag-
16 nostic tests for women with cancer symptoms, particularly
17 Women of Color.

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section,
20 \$20,000,000 for each of fiscal years 2022 through 2024.”.

21 (b) FUNDING.—There is authorized to be appro-
22 priated to carry out programs related to breast and
23 gynecologic cancers under title XIX of the Social Security
24 Act (42 U.S.C. 1396 et seq.) and title X of the Public
25 Health Service Act (42 U.S.C. 300 et seq.), and the Na-
26 tional Breast and Cervical Cancer Early Detection Pro-

1 gram, such sums as may be necessary for each of fiscal
2 years 2020 through 2023.

3 **SEC. 5. EXPAND CANCER SCREENING PROVIDER TRAINING.**

4 Part B of title III of the Public Health Service Act
5 (42 U.S.C. 243 et seq.), as amended by section 4, is fur-
6 ther amended by inserting after section 317P–1 the fol-
7 lowing:

8 **“SEC. 317P–2. WOMEN’S HEALTH CARE PROVIDERS DEM-**
9 **ONSTRATION TRAINING PROJECT.**

10 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
11 shall establish a demonstration program (referred to in
12 this section as the ‘program’) to award 3-year grants to
13 eligible entities for the training of physicians, nurse practi-
14 tioners, and other health care providers related to life-sav-
15 ing breast and gynecologic cancer screening for women.

16 “(b) PURPOSE.—The purpose of the program is to
17 enable each grant recipient to—

18 “(1) provide to licensed physicians, nurse prac-
19 titioners, and other health care providers, through
20 clinical training, education, and practice, the most
21 up-to-date clinical guidelines, research, and rec-
22 ommendations adopted by the United States Preven-
23 tive Services Task Force in the area of preventive
24 cancer screening for breast and gynecologic cancers;

1 “(2) establish a model of training for physi-
2 cians, nurse practitioners, and other health care pro-
3 viders that specializes in women’s health care, with
4 a specific focus on breast and gynecologic cancer
5 screening, that may be replicated nationwide;

6 “(3) train physicians, nurse practitioners, and
7 other health care providers to serve rural and under-
8 served communities, low-income communities, and
9 communities of color in breast and gynecologic can-
10 cer screening; and

11 “(4) provide implicit bias, cultural competency,
12 and patient-centered communication training cov-
13 ering the ways in which structural racism and dis-
14 crimination manifest within the medical field and
15 perpetuate racial disparities in gynecologic cancer in-
16 cidence and death rates and how to communicate
17 with patients through a knowledgeable and culturally
18 empathetic lens.

19 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
20 a grant under this section, an entity shall be—

21 “(1) an entity that receives funding under sec-
22 tion 1001;

23 “(2) an essential community provider, as de-
24 fined in section 156.235 of title 45, Code of Federal

1 Regulations (or any successor regulations), that is
2 primarily engaged in family planning;

3 “(3) an entity that furnishes items or services
4 to individuals who are eligible for medical assistance
5 under title XIX of the Social Security Act; or

6 “(4) an entity that, at the time of application,
7 provides cancer screening services under the Na-
8 tional Breast and Cervical Cancer Early Detection
9 Program of the Centers for Disease Control and
10 Prevention.”.

11 **SEC. 6. STUDY AND REPORT TO CONGRESS ON INCREASED**
12 **CANCER SCREENING FOR WOMEN.**

13 (a) IN GENERAL.—The Secretary of Health and
14 Human Services (referred to in this section as the “Sec-
15 retary”) shall conduct a study (and periodically update
16 such study) on increased access to women’s preventive life-
17 saving cancer screening across the United States, and, not
18 later than January 1, 2025, and every 5 years thereafter,
19 the Secretary shall submit a report to Congress on such
20 study.

21 (b) CONTENTS.—The study and reports under sub-
22 section (a) shall include—

23 (1) a 50-State analysis of breast and
24 gynecologic cancer rates among women, including by

1 geographic area, income, employment status, race,
2 ethnicity, and status of insurance coverage;

3 (2) a 50-State analysis of cancer screening pro-
4 vided by women's health care providers, including
5 clinical breast exams, other screening for breast can-
6 cer, and screening for cervical cancer, ovarian can-
7 cer, and other gynecologic cancers;

8 (3) an analysis of the awareness and availability
9 of breast, cervical, ovarian, and other gynecological
10 cancer screening options for women with dispropor-
11 tionate rates of gynecological cancers, including Afri-
12 can-American women, Hispanic and Latina women,
13 women living in rural and underserved areas, and
14 other disproportionately impacted groups, according
15 to the 50-State analyses described in paragraphs (1)
16 and (2);

17 (4) an analysis of how structural racism im-
18 pacts access to cancer screening services, its correla-
19 tion to the development of breast, cervical, ovarian,
20 and other gynecological cancers, and how it exacer-
21 bates health care disparities for African-American,
22 Hispanic and Latina women, and other Women of
23 Color;

24 (5) in consultation with the Comptroller Gen-
25 eral of the United States, estimated Federal savings

1 achieved through early detection of breast and
2 gynecologic cancer;

3 (6) an analysis of how access to health care
4 providers trained under the program described in
5 section 317P–2 of the Public Health Service Act, as
6 added by section 5, in comparison to other health
7 care providers, increased early detection of cancer
8 and quality of cancer care for women who are less
9 likely to receive care, including African-American
10 women, Hispanic and Latina women, older women,
11 uninsured and underinsured women, and women liv-
12 ing in rural and underserved areas;

13 (7) recommendations by the Secretary with re-
14 spect to the need for continued increased access to
15 women’s health care providers, such as the entities
16 described in section 317P–2(c) of the Public Health
17 Service Act, as added by section 4, who provide pre-
18 ventive care, including life-saving cancer screening;
19 and

20 (8) recommendations for increasing screening
21 rates for women who are less likely to be screened
22 or treated for breast, cervical, ovarian, and other
23 gynecological cancers, including African-American
24 women, Hispanic and Latina women, older women,

1 uninsured and underinsured women, and women liv-
2 ing in rural and underserved areas.

3 **SEC. 7. DEMONSTRATION PROJECT ON CO-TESTING FOR**
4 **HUMAN PAPILLOMAVIRUS AND CERVICAL**
5 **CANCER.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.), as amended by section 5, is fur-
8 ther amended by inserting after section 317P-2 the fol-
9 lowing:

10 **“SEC. 317P-3. DEMONSTRATION PROJECT ON CO-TESTING**
11 **FOR HUMAN PAPILLOMAVIRUS AND CER-**
12 **VICAL CANCER.**

13 “(a) IN GENERAL.—The Secretary, in coordination
14 with the Director of the Centers for Disease Control and
15 Prevention and the Administrator of the Health Resources
16 and Services Administration, shall establish a 2-year dem-
17 onstration project on increasing the co-testing of human
18 papillomavirus and cervical cancer screenings to develop
19 models for increasing the rates of co-testing among women
20 with disproportionate rates of cervical cancer, including
21 African-American and Hispanic and Latina women.

22 “(b) USE OF FUNDS.—Entities receiving funds under
23 this section shall use such funds to—

24 “(1) increase access to co-testing of human
25 papillomavirus and cervical cancer among patients

1 with disproportionate rates of cervical cancer, in-
2 cluding African-American and Hispanic and Latina
3 women;

4 “(2) support culturally- and linguistically-ap-
5 propriate delivery models to such patients, including
6 through the provision of interpretation services; or

7 “(3) provide other services to improve health
8 outcomes with respect to such patients.

9 “(c) PRIORITIZATION.—Priority for funding available
10 under this section shall be given to entities serving low-
11 income, uninsured, and medically underserved populations
12 or populations with historically low rates of such co-test-
13 ing, such as older women.

14 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
15 a grant under this section, an entity shall be an entity
16 described in section 317P–2(c).”.

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